
MOH AND HOSPITALS IN AN OPEN DIALOGUE ON INSTITUTIONAL SUPPORT FOR COMMUNITY PARTICIPATION IN STRENGTHENING THE HEALTH SECTOR GOVERNANCEDAJTI – PARK-TIRANA, JULY 25TH, 2013

Round Table

Overview

USAID/Albania's *Enabling Equitable Health Reforms (EEHR)* project is a five-year initiative to increase access to essential health services for the poor by supporting the implementation of health care reforms in Albania. Project activities are aligned with goals of the Ministry of Health's Health Sector Strategy 2007 – 2013 to improve performance of the health system and the health status of Albanian population. EEHR will provide technical assistance and resources to assist key stakeholders in the application of reforms at the national level and will help develop and field-test approaches and tools that support implementation of reforms at the regional level. The project will encourage the involvement of all key stakeholders in policy making and planning, and most importantly will support an evidence – based policy making process based on population needs and aims to improve the engagement of non-state actors in the health system.

EEHR supports USAID's Country Development Cooperation Strategy (2011-2015), which emphasizes strengthening democratic institutions and results-oriented transformational reforms. Civil society is a key pillar of democracy and democratic institutions in any country. Therefore engaging civil society in the health reform processes as an essential prerequisite to their societal recognition and sustainability. EEHR, in collaboration with its partners – the MOH and other national health institutions - is seeking to engage the civil society in a way that will increase their participation and voice in the health system improvement processes.

While there is a high level of interest among civil society organizations to increase engagement in the health sector, direct citizen engagement is at a low level. Among the barriers are lack of effective communication channels, lack of information and understanding on key issues such as access to care, consumer rights, high levels of mistrust of citizens particularly in public hospitals, and high levels of disbelief about the effectiveness of increasing engagement.

The process of rebuilding the trust of the citizens in the publicly funded health system requires action on two sides. On the one hand, the health care system should improve its performance so as to meet the expectations of the citizens in terms of quality and type of care it can deliver. At the same time, civil society should enable such progress to happen by monitoring, participating, and providing feedback.

Increasing citizens' awareness of their rights as consumers of health care services, providing information that the citizens need to make prudent choices as health care consumers, and developing communication and feedback channels among providers and civil society are among the key starting points in engaging the civil society. Key messages for civil society need to be designed to tackle some of the perceived barriers to access: informal payments, lack of information on patient rights; and lack of information on insurance access and coverage. In parallel, providers should build or improve capabilities to communicate with communities and individual patients and should set on a path of becoming customer oriented and transparent in their practices. Mechanisms for two-way communication with the objective of increasing voice and accountability should be established and tested.

In order to successfully implement all of the above, we have drafted a number of activities to promote on-going support and momentum for the reform process, helping to build an informed and empowered public that understands its rights and responsibilities within the reformed health care system and supports a new culture of transparency and accountability.

Mobilizing local and international expertise, EEHR in partnership with MOH and other national health care institutions will help increase awareness and participation of civil society and population in the health reform process. Thus at the local, the project will help bring the benefits of reform closer to the grassroots level and bring closer to reality the vision of access to quality health care for all Albanians.

The hospital cannot achieve its mission without input of community members. Community Advisory Committee of the Hospital will serve as an important partner to provide feedback and support ensuring that the progression of the hospital coincides/ meets the needs of the community.

Recommendations:

- Pilot Hospitals where the EEHR USAID project is working should formalize the staff in charge of Public Relation.
- In conjunction with Human Resources Department of the pilot hospitals where the EEHR, USAID project is working should shelter the sustainability of the PR group/s by including in the job description of the members of the PR groups the duties they perform as part of the PR group.
- PR group establish regular and unremitting meetings with the Community Advisory Committee. Director of the Hospital invites representatives from civil society in Community Advisory Committee and collaborates with local government representatives: representatives from qark, municipality, representatives of civil society and local NGO's.
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- When Hospitals will be governed by Board of Hospital, public relation sub-committee of the board set up bridges of collaboration with Community Advisory Committee in a regular and consistent way.
 - Media relation and other relations with mass communication channels should be considered as a priority.